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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Oolumn 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FOR-NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$) FEE (\$) BASIC FEE (37 OFR 1.18(a), (b), or (c)) SEARCH FEE (37 OFR 1.16(K), (f), or (m)) EXAMINATION FEE (\$7 OFR 1.16(0), (p), or (q)) TOTAL CLAIMS (97 CFR 1.16(I)) minus 20 .= OR' INDEPENDENT OLAIMS (37 CFR 1.16(h)) minus 3 = . = If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE : ls \$250 (\$125 for small entity) for each (97 CFR 1.16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(6). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(1)) . If the difference in column 1 is less than zero, enter "0" in column 2: TOTAL TOTAL. APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS REMAINING NUMBER PREVIOUSLY PRESENT RATE (\$) ADDI-TIONAL RATE (\$) ADDI-TIONAL FEE (\$) AFTER MENDMENT **EXTRA** PAID FOR FEE (\$). Total CF OFR 1.16(1) Minus ×2.5 OR ×50 = Independent Minus OOLX ×200 = OR Application Size Fee (37 CFR 1.16(e)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) OR TOTAL ADD'L FEE TOTAL ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT ADDI-TIONAL FEÈ (\$) RATE (\$) RATE (\$) ADDL **AFTER** REVIOUSLY **EXTRA** TIONAL FEE (\$) MENDMENT PAID FOR . Total Minus OR:

Ŕ Independent Minus Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(1))

USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, troluding galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Paternand and Trademark Office U.S. Paternand VA 22214 1450, DOUBLE TESTS OF CAMPILETTE FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADD'L FEE

OR

OR

OR.

TOTAL ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "9" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.